BOWLING GREEN MUNICIPAL UTILITIES

801 CENTER STREET
P.O. BOX 10300
BOWLING GREEN, KENTUCKY 42102-7300
(270) 782-1200
FAX (270) 782-4320
www.bgmu.com

ELECTRIC • WATER • WASTEWATER • FIBER OPTICS

SCANNED / QC

August 28, 2008

RECEIVED
SEP 03 2008
BY

Mr. Jory Becker
Manager
Surface Water Permits Branch
Kentucky Division of Water
Frankfort Office Park
14 Reilly Road
Frankfort, Kentucky 40601

Subject: **KPDES Permit Application Submittal**
Wastewater Treatment Plant Expansion and Renovation
Bowling Green Municipal Utilities
Bowling Green, Warren County, Kentucky
GS&P Project No. 26064.00
BGMU Project No. S07-653

Dear Mr. Becker:

Please find enclosed the KPDES permit application submittal containing one original of Form 1 and one original of Form A supporting the Bowling Green Municipal Utilities Wastewater Treatment Plant Expansion and Renovation project. Funding has been approved for this project through the Clean Water State Revolving Fund program. The Wastewater Treatment Plant Expansion and Renovation project will increase the design capacity of the subject facility from 10.6 MGD to 15.3 MGD (summer) and 17.5 MGD (winter). The Wastewater Treatment Plant Expansion and Renovation project will be completed prior to the expiration date of the current KPDES Permit No. KY0022403 for the subject facility, which is October 31, 2011.

We are aware that the Kentucky Division of Water cannot proceed with final approval of the enclosed application submittal until the necessary Construction Permit Application for Wastewater Treatment Plant form and documentation is approved by the Facilities Construction Branch of the Division of Water. Gresham, Smith and Partners, our consulting engineer, will submit the Construction Permit Application for Wastewater Treatment Plant form and supporting documentation to the Facilities Construction Branch within the next three to four months. Therefore, BGMU would appreciate any steps the Kentucky Division of Water could take to expedite a preliminary review of this submittal so that any other issues can be immediately resolved.

Our consulting engineer is at your disposal for answering any questions you may have or providing any additional information required. Please contact Ms. Kim Hargett, P.E. at 731-613-2034 at any time to request additional information.

Thank you in advance for your attention to this project and we look forward to your earliest reply.

Sincerely,
Bowling Green Municipal Utilities

Michael R. Gardner, P.E.
Systems Manager
Water/Sewer Division

MG:ah

Enclosures: Form 1 and Form A

Copy Scott Neighbors (BGMU)
Kim Hargett, P.E. (GS&P)

KPDES FORM 1

4101 $100

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)
- ☐ Apply for a new permit.
- ☐ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☒ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Form SC

For additional information contact:
KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE: 0 0 2 2 4 0 3
A. Name of business, municipality, company, etc. requesting permit Bowling Green Municipal Utilities	
B. Facility Name and Location	C. Primary Mailing Address (all facility correspondence will be sent to this address). **Include owner mailing address on a separate sheet if different.**
Facility Location Name: Bowling Green Municipal Utilities Wastewater Treatment Plant	Facility Contact Name and Title: Mr. ☒ Ms. ☐ Tim Fischer, Chief Operator
Facility Location Address (i.e. street, road, etc., **not PO Box**): 1189 Preston Street	Mailing Address: 801 Center Street
Facility Location City, State, Zip Code: Bowling Green, Kentucky 42101	Mailing City, State, Zip Code: Bowling Green, Kentucky 42102
	Facility Contact Telephone Number: (270) 782-4389

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Provide wastewater treatment to the residences, businesses, and industries located within the corporate limits of the City of Bowling Green, Kentucky and to the wastewater customers of Warren County Water District. The existing facility will be renovated by changing the treatment scheme from trickling filters to sequencing batch reactors and the treatment capacity will be expanded from 10.6 MGD to 15.3 MGD (Summer) and 17.5 MGD (Winter) in order to meet future 20-year design flows.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	4952 / Sewerage Systems		
Other SIC Codes:	-	-	-

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

B. County where facility is located: Warren	City where facility is located (if applicable): Bowling Green
C. Body of water receiving discharge: Barren River	
D. Facility Site Latitude (degrees, minutes, seconds): 37 00' 40" N	Facility Site Longitude (degrees, minutes, seconds): 86 27' 28" W
E. Method used to obtain latitude & longitude (see instructions):	From previous renewal application
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	--

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:
☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:	Telephone Number:
Tim Fischer	(270) 782-4389
Operator Mailing Address (Street): 801 Center Street	
Operator Mailing Address (City, State, Zip Code): Bowling Green, Kentucky 42102	
Is the operator also the owner? Yes ☐ No ☒	Is the operator certified? If yes, list certification class and number below. Yes ☒ No ☐
Certification Class: Class IV	Certification Number: 07754

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:	Issue Date of Current Permit:	Expiration Date of Current Permit:
KY0022403	November 1, 2006	October 31, 2011
Number of Times Permit Reissued: 7	Date of Original Permit Issuance: October 20, 1974	Sludge Disposal Permit Number: --
Kentucky DOW Operational Permit #: --	Kentucky DSMRE Permit Number(s): --	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	-	-
Solid or Special Waste	-	-
Hazardous Waste - Registration or Permit	-	-

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Tim Fischer
DMR Official Telephone Number:	(270)-782-4389

B. DMR Mailing Address:
- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:	Tim Fischer
DMR Mailing Address:	801 Center Street
DMR Mailing City, State, Zip Code:	Bowling Green, Kentucky 42101

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Public Owned Treatment Works (No Fee Due)	$0

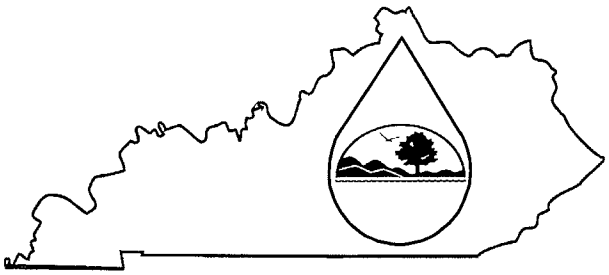
VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. ☒ Ms. ☐ Mike Gardner, Systems Manager – Water/Sewer Division	(270) 782-4366
SIGNATURE: Michael K. Gardner	DATE: 9/4/18

KPDES FORM A

AI 4101



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch (502) 564-3410.

APPLICATION OVERVIEW	AGENCY USE	0	0	2	2	4	0	3

Form A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: Bowling Green Wastewater Treatment Plant

Mailing Address: 801 Center Street
Bowling Green, Kentucky 42102

Contact person: Tim Fischer

Title: Chief Operator

Telephone number: (270) 782-4389

Facility Address (not P.O. Box): 1189 Preston Street
Bowling Green, Kentucky 42101

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name: Bowling Green Municipal Utilities

Mailing Address: 801 Center Street
Bowling Green, Kentucky 42102

Contact person: Mike Gardner

Title: Systems Manager – Water/Sewer Division

Telephone number: (270) 782-4366

Is the applicant the owner or operator (or both) of the treatment works?

☒ Owner ☒ Operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ Facility ☒ Applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

KPDES	KY0022403	PSD	
UIC		Other	
RCRA		Other	

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
BGMU	49,296		
WCWD	2,704		
Total population served	52,000		

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 15.3 Mgd (Summer)

17.5 Mgd (Winter)

	Two Years Ago (Jul 2005 – Jun 2006)	Last Year (Jul 2006 – Jun 2007)	This Year (Jul 2007 – Jun 2008)	
b. Annual average daily influent flow rate	7.60	8.07	8.45	mgd
c. Maximum daily influent flow rate	19.12	17.00	18.0	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒	Separate sanitary sewer	100 %
☐	Combined storm and sanitary sewer	%

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 100%

ii. Discharges of untreated or partially treated effluent

iii. Combined sewer overflow points

iv. Constructed emergency overflows (prior to the headworks)

v. Other _____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ Mgd

Is discharge ☐ continuous or ☐ intermittent?

c. Does the treatment works land-apply treated wastewater? ☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application ☐ continuous or ☐ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ☐ Yes ☒ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name:

Mailing Address:

Contact person:

Title:

Telephone number:

For each treatment works that receives this discharge, provide the following:

Name:

Mailing Address:

Contact person:

Title:

Telephone number:

If known, provide the KPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? ☐ Yes ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method ☐ continuous or ☐ intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall. (* SEE NOTE 1 BELOW)

a. Outfall number 001

b. Location

Bowling Green	42101
(City or town, if applicable)	(Zip Code)
Warren	Kentucky
(County)	(State)
37 00' 50" N	86 27' 27" W
(Latitude)	(Longitude)

c. Distance from shore (if applicable) _____ ft. (Not applicable)

d. Depth below surface (if applicable) _____ ft. (Not applicable)

e. Average daily effluent flow rate _____ Mgd **(New SBR Treatment. No data available)**

f. Does this outfall have either an intermittent or a periodic discharge? ☐ Yes ☒ No (go to A.9.g.) **(* SEE NOTE 2 BELOW)**

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ Mgd

Months in which discharge occurs: _____

g. Is outfall equipped with a diffuser? ☐ Yes ☒ No

A.10. Description of Receiving Waters.

a. Name of receiving water Barren River

b. Name of watershed (if known) Barren

United States Soil Conservation Service 14-digit watershed code (if known): --

c. Name of State Management/River Basin (if known): Green / Tradewater

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): --

d. Critical low flow of receiving stream (if applicable):
acute 100 cfs chronic _____ Cfs

e. Total hardness of receiving stream at critical low flow (if applicable): 181 mg/l of $CaCO_3$

Note 1: The existing outfall location will remain and be reused.

Note 2: The discharge is from an continuously feed sequencing batch reactor With cycled discharge. Maximum time between 16 MGD to 32 MGD Discharge rates is five hours.

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

☐ Primary ☒ Secondary

☐ Advanced ☐ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	90	% (summer and winter)
Design SS removal	90	% (summer and winter)
Design P removal	--	%
Design N removal	--	%
Other NH3-N	80 50	% (summer) % (winter)

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Ultraviolet Disinfection

If disinfection is by chlorination, is dechlorination used for this outfall? ☐ Yes ☐ No (NOT APPLICABLE)

d. Does the treatment plant have post aeration? ☒ Yes ☐ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001 **(NEW SBR TREATMENT SCHEME. NO EFFLUENT DATA AVAILABLE.)**

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)		s.u.			
pH (Maximum)		s.u.			
Flow Rate					
Temperature (Winter)					
Temperature (Summer)					

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5							
	CBOD-5							
FECAL COLIFORM								
TOTAL SUSPENDED SOLIDS (TSS)								

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

12,730,000 gpd *per rainfall event* (***This estimated volume of I/I only occurs on days of heavy rainfall events.***)

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Currently have flow monitors installed to prioritize sanitary sewer basins. Also, have a yearly budget for pipe rehabilitation as trouble spots are discovered in the system.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

001

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☒ No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

--

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	May 2009	
– End construction	April 2011	
– Begin discharge	April 2011	
– Attain operational level	May 2011	

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☒ No

Describe briefly: Construction permit applications must be submitted to the KY Division of Water.

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001 **(NEW SBR TREATMENT SCHEME. NO EFFLUENT DATA AVAILABLE.)**

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form A, as explained in the Application Overview. Indicate below which parts of Form A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form A you have completed and are submitting:

☒ Basic Application Information packet

Supplemental Application Information packet:

☒ Part D (Expanded Effluent Testing Data)

☒ Part E (Toxicity Testing: Biomonitoring Data)

☒ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Mike Gardner, Systems Manager - Water/Sewer Division

Signature: Michael R. Gardner

Telephone number: 1-270-782-4366

Date signed: 9/4/08

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

Division of Water, KPDES Branch
Inventory & Data Management Section
Frankfort Office Park
14 Reilly Road
Frankfort, Kentucky 40601

For additional information call: (502) 564-2225, extension 465.

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA – (NEW SBR TREATMENT SCHEME. NO EFFLUENT DATA AVAILABLE.)

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS $CaCO_3$)											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE											
1,1,2-TRICHLOROETHANE											
TRICHLORETHYLENE											
VINYL CHLORIDE											
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											
BENZO(A)PYRENE											

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE											
BENZO(GHI)PERYLENE											
BENZO(K)FLUORANTHENE											
BIS (2-CHLOROETHOXY) METHANE											
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE											
1,2-DICHLOROBENZENE											
1,3-DICHLOROBENZENE											
1,4-DICHLOROBENZENE											
3,3-DICHLOROBENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE											
2,6-DINITROTOLUENE											
1,2-DIPHENYLHYDRAZINE											

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE											
FLUORENE											
HEXACHLOROBENZENE											
HEXACHLOROBUTADIENE											
HEXACHLOROCYCLO-PENTADIENE											
HEXACHLOROETHANE											
INDENO(1,2,3-CD)PYRENE											
ISOPHORONE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-N-PROPYLAMINE											
N-NITROSODI- METHYLAMINE											
N-NITROSODI-PHENYLAMINE											
PHENANTHRENE											
PYRENE											
1,2,4-TRICHLOROBENZENE											
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.											
Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.											

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA – (NEW SBR TREATMENT SCHEME. NO EFFLUENT DATA AVAILABLE.)

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

_____ chronic _____ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

	Test number:	Test number:	Test number:
a. Test information.			
Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give toxicity test methods followed.			
Manual title			
Edition number and year of publication			
Page number(s)			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite			
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection			
After dechlorination			

	Test number:	Test number:	Test number:
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:			
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water			
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
PH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Was reference toxicant test within acceptable bounds?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

☐ Yes ☐ No If yes, describe: _____

_____

_____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

_____

_____

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

~~GENERAL INFORMATION:~~

~~**F.1. Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?~~

~~☐ Yes ☐ No~~

~~**F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.~~

~~a. Number of non-categorical SIUs. _____~~

~~b. Number of CIUs. _____~~

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: APEX 2

Mailing Address: 2040 Old Louisville Road

Bowling Green, Kentucky 42101

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Centralized treatment of oily wastes

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Treated oily wastes

Raw material(s): Oily waste

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

9,500 gpd ☐ continuous or ☒ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

20 gpd ☒ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☒ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR Part 437 - Centralized Waste Treatment Point Source Category, Subpart B – Oils Treatment and Recovery; § 437.26 - PSNS

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No If yes, describe each episode.

~~**RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:**~~

~~**F.9. RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☐ No (go to F.12.)~~

~~**F.10. Waste Transport.** Method by which RCRA waste is received (check all that apply):~~

~~☐ Truck ☐ Rail ☐ Dedicated Pipe~~

~~**F.11. Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).~~

~~EPA Hazardous Waste Number~~	~~Amount~~	~~Units~~

~~**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:**~~

~~**F.12. Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?~~

~~☐ Yes (complete F.13 through F.15.) ☒ No~~

~~Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.~~

~~**F.13. Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).~~

~~**F.14. Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).~~

~~**F.15. Waste Treatment.**~~

~~a. Is this waste treated (or will it be treated) prior to entering the treatment works?~~

~~☐ Yes ☐ No~~

~~If yes, describe the treatment (provide information about the removal efficiency):~~

~~b. Is the discharge (or will the discharge be) continuous or intermittent?~~

~~☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.~~

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

☒ Yes ☐ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 10

b. Number of CIUs. 11

SIGNIFICANT INDUSTRIAL USER INFORMATION: (See pages 18A through 19U for F.3. through F.8.)

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

~~**F.3. Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.~~

~~Name:~~

~~Mailing Address:~~

~~**F.4. Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.~~

~~**F.5. Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.~~

~~Principal product(s):~~

~~Raw material(s):~~

~~**F.6. Flow Rate.**~~

~~a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.~~

~~gpd ☐ continuous or ☐ intermittent~~

~~b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.~~

~~gpd ☐ continuous or ☐ intermittent~~

~~**F.7. Pretreatment Standards.** Indicate whether the SIU is subject to the following:~~

~~a. Local limits ☐ Yes ☐ No~~

~~b. Categorical pretreatment standards ☐ Yes ☐ No~~

~~If subject to categorical pretreatment standards, which category and subcategory?~~

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☐ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

☐ Truck ☐ Rail ☐ Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

☐ Yes (complete F.13 through F.15.) ☒ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

☐ Yes ☐ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

~~**F.1. Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?~~

~~☐ Yes ☐ No~~

~~**F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.~~

~~a. Number of non-categorical SIUs. _____~~

~~b. Number of CIUs. _____~~

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Aramark Services

Mailing Address: 1947 Russellville Road

Bowling Green, Kentucky 42101

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Industrial laundering of uniforms, mats, dust mops, linens and wiping towels

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Industrial cleaning and drying of uniforms, mats, dust mops, linens and wiping towels

Raw material(s): Alkali, surfactants, bleach, caustic, water, soiled products

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

60,000 gpd ☒ continuous or ☐ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

1,400 gpd ☒ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☒ No

If subject to categorical pretreatment standards, which category and subcategory?

--

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No If yes, describe each episode.

~~RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:~~

~~F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☐ No (go to F.12.)~~

~~F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):~~

~~☐ Truck ☐ Rail ☐ Dedicated Pipe~~

~~F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).~~

~~EPA Hazardous Waste Number~~	~~Amount~~	~~Units~~

~~CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:~~

~~F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?~~

~~☐ Yes (complete F.13 through F.15.) ☒ No~~

~~Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.~~

~~F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).~~

~~F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).~~

~~F.15. Waste Treatment.~~

~~a. Is this waste treated (or will it be treated) prior to entering the treatment works?~~

~~☐ Yes ☐ No~~

~~If yes, describe the treatment (provide information about the removal efficiency):~~

~~b. Is the discharge (or will the discharge be) continuous or intermittent?~~

~~☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.~~

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

~~**F.1. Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?~~

~~☐ Yes ☐ No~~

~~**F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.~~

~~a. Number of non-categorical SIUs. _____~~

~~b. Number of CIUs. _____~~

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Bada Company

Mailing Address: 759 Hennessy Way

Bowling Green, Kentucky 42101

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Punch press, die casting, powder coating

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Wheel balancing weights

Raw material(s): Antimony, lead

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

0 gpd ☐ continuous or ☐ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

7,000 gpd ☒ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☒ No

If subject to categorical pretreatment standards, which category and subcategory?

--

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No If yes, describe each episode.

~~RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:~~

~~F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)~~

~~F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):~~

~~☐ Truck ☐ Rail ☐ Dedicated Pipe~~

~~F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).~~

~~EPA Hazardous Waste Number~~	~~Amount~~	~~Units~~

~~CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:~~

~~F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?~~

~~☐ Yes (complete F.13 through F.15.) ☒ No~~

~~Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.~~

~~F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).~~

~~F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).~~

~~F.15. Waste Treatment.~~

~~a. Is this waste treated (or will it be treated) prior to entering the treatment works?~~

~~☐ Yes ☐ No~~

~~If yes, describe the treatment (provide information about the removal efficiency):~~

~~b. Is the discharge (or will the discharge be) continuous or intermittent?~~

~~☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.~~

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

~~GENERAL INFORMATION:~~

~~F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?~~

~~☐ Yes ☐ No~~

~~F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.~~

~~a. Number of non-categorical SIUs. _____~~

~~b. Number of CIUs. _____~~

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Bando USA

Mailing Address: 2720 Pioneer Drive

Bowling Green, Kentucky 42101

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Rubber processing to manufacturer belts

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Rubber power transmission belts

Raw material(s): Rubber compounds, glues, caustic and solvents

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

20,000 gpd ☐ continuous or ☒ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

450 gpd ☒ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☒ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?
40 CFR Part 428 – Rubber Manufacturing Point Source Category; Subpart F – Medium Sized General Molded, Extruded and Fabricated Rubber Plants Subcategory; §428.66

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No If yes, describe each episode.

~~RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:~~

~~F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)~~

~~F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):~~

~~☐ Truck ☐ Rail ☐ Dedicated Pipe~~

~~F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).~~

~~EPA Hazardous Waste Number~~	~~Amount~~	~~Units~~

~~CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:~~

~~F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?~~

~~☐ Yes (complete F.13 through F.15.) ☒ No~~

~~Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.~~

~~F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).~~

~~F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).~~

~~F.15. Waste Treatment.~~

~~a. Is this waste treated (or will it be treated) prior to entering the treatment works?~~

~~☐ Yes ☐ No~~

~~If yes, describe the treatment (provide information about the removal efficiency):~~

~~b. Is the discharge (or will the discharge be) continuous or intermittent?~~

~~☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.~~

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

~~GENERAL INFORMATION:~~

~~**F.1. Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?~~

~~☐ Yes ☐ No~~

~~**F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.~~

~~a. Number of non-categorical SIUs.~~ _____

~~b. Number of CIUs.~~ _____

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: BG Metal

Mailing Address: 111 Cosma Drive

Bowling Green, Kentucky 42101

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Coating of automobile frames

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Automobile frames

Raw material(s): zinc phosphate, acid pickle, steel frames

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

200,000 gpd ☐ continuous or ☒ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

52,956 gpd ☒ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☒ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR Part 433 – Metal Finishing Point Source Category; Subpart A – Metal Finishing Subcategory; §433.15 - PSES

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No If yes, describe each episode.

~~**RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:**~~

~~**F.9. RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)~~

~~**F.10. Waste Transport.** Method by which RCRA waste is received (check all that apply):~~

~~☐ Truck ☐ Rail ☐ Dedicated Pipe~~

~~**F.11. Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).~~

~~EPA Hazardous Waste Number~~	~~Amount~~	~~Units~~

~~**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:**~~

~~**F.12. Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?~~

~~☐ Yes (complete F.13 through F.15.) ☒ No~~

~~Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.~~

~~**F.13. Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).~~

~~**F.14. Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).~~

~~**F.15. Waste Treatment.**~~

~~a. Is this waste treated (or will it be treated) prior to entering the treatment works?~~

~~☐ Yes ☐ No~~

~~If yes, describe the treatment (provide information about the removal efficiency):~~

~~b. Is the discharge (or will the discharge be) continuous or intermittent?~~

~~☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.~~

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

~~GENERAL INFORMATION:~~

~~**F.1. Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?~~

~~☐ Yes ☐ No~~

~~**F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.~~

~~a. Number of non-categorical SIUs. _____~~

~~b. Number of CIUs. _____~~

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Central Laundry

Mailing Address: 501 Park Street

Bowling Green, Kentucky 42101

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Industrial laundering of hospital linens

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Industrial cleaning and drying of hospital linens

Raw material(s): Detergent, peroxide, soiled linens

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

44,000 gpd ☒ continuous or ☐ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

380 gpd ☒ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☒ No

If subject to categorical pretreatment standards, which category and subcategory?

--

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No If yes, describe each episode.

~~RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:~~

~~F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)~~

~~F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):~~

~~☐ Truck ☐ Rail ☐ Dedicated Pipe~~

~~F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).~~

~~EPA Hazardous Waste Number~~	~~Amount~~	~~Units~~

~~CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:~~

~~F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?~~

~~☐ Yes (complete F.13 through F.15.) ☒ No~~

~~Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.~~

~~F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).~~

~~F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).~~

~~F.15. Waste Treatment.~~

~~a. Is this waste treated (or will it be treated) prior to entering the treatment works?~~

~~☐ Yes ☐ No~~

~~If yes, describe the treatment (provide information about the removal efficiency):~~

~~b. Is the discharge (or will the discharge be) continuous or intermittent?~~

~~☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.~~

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

~~GENERAL INFORMATION:~~

~~**F.1. Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?~~

~~☐ Yes ☐ No~~

~~**F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.~~

~~a. Number of non-categorical SIUs. _____~~

~~b. Number of CIUs. _____~~

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Country Oven Bakery

Mailing Address: 2840 Pioneer Drive

Bowling Green, Kentucky 42101

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Manufacturing of frozen dough products such as bread, rolls, sweet goods, danishes and cookies; and fully baked frozen cakes and iced cakes

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Bread, rolls, danishes, cookies, cakes and iced cakes

Raw material(s): Baking ingredients, water, food safe detergents for equipment clean-up

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

230,000 gpd ☒ continuous or ☐ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

2,000 gpd ☒ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☒ No

If subject to categorical pretreatment standards, which category and subcategory?

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F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No If yes, describe each episode.

~~RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:~~

~~F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)~~

~~F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):~~

~~☐ Truck ☐ Rail ☐ Dedicated Pipe~~

~~F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).~~

~~EPA Hazardous Waste Number~~	~~Amount~~	~~Units~~

~~CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:~~

~~F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?~~

~~☐ Yes (complete F.13 through F.15.) ☒ No~~

~~Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.~~

~~F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).~~

~~F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).~~

~~F.15. Waste Treatment.~~

~~a. Is this waste treated (or will it be treated) prior to entering the treatment works?~~

~~☐ Yes ☐ No~~

~~If yes, describe the treatment (provide information about the removal efficiency):~~

~~b. Is the discharge (or will the discharge be) continuous or intermittent?~~

~~☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.~~

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

~~GENERAL INFORMATION:~~

~~**F.1. Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?~~

~~☐ Yes ☐ No~~

~~**F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.~~

~~a. Number of non-categorical SIUs. _____~~

~~b. Number of CIUs. _____~~

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: General Motors

Mailing Address: 600 Corvette Drive

Bowling Green, Kentucky 42102

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Phosphate coating of auto frames

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Automobiles

Raw material(s): *See Attachment No. 1 following this page.*

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

148,000 gpd ☐ continuous or ☒ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

20,000 gpd ☒ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☒ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR Part 433 – Metal Finishing Point Source Category; Subpart A – Metal Finishing Subcategory; §433.17 - PSNS

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No If yes, describe each episode.

~~**RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:**~~

~~**F.9. RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)~~

~~**F.10. Waste Transport.** Method by which RCRA waste is received (check all that apply):~~

~~☐ Truck ☐ Rail ☐ Dedicated Pipe~~

~~**F.11. Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).~~

~~EPA Hazardous Waste Number~~	~~Amount~~	~~Units~~

~~**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:**~~

~~**F.12. Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?~~

~~☐ Yes (complete F.13 through F.15.) ☒ No~~

~~Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.~~

~~**F.13. Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).~~

~~**F.14. Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).~~

~~**F.15. Waste Treatment.**~~

~~a. Is this waste treated (or will it be treated) prior to entering the treatment works?~~

~~☐ Yes ☐ No~~

~~If yes, describe the treatment (provide information about the removal efficiency):~~

~~b. Is the discharge (or will the discharge be) continuous or intermittent?~~

~~☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.~~

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

General Motors

Attachment 1
Raw Materials

TYPE	QUANTITY (USED IN 2005)
Gasoline	194,925 gal
Brake fluid	7,799 gal
Antifreeze	65,000 gal
Windshield washer fluid	18,534 gal
Transmission fluid	35,000 gal
Sealers/Adhesives	30,293 gal
Automotive paint	
Prime	37,275 gal
Base	111,199 gal
Clear	64,040 gal
Blackout	7,950 gal
Phosphate operation	
Chemkleen 49	23,180 lb
Rinse Conditioner	2,200 lb
Chem Liquid Additive	13,200 lb
Chemfos 700 RCAN (phosphoric acid, nickel nitrate)	53,248 lb
Chemseal 59	4,883 lb
Chemfil buffer	7,741 lb
Chemfos 700B	1,800 lb
Chemfos AFL	5,345 lb
Chemfos AZN	1,896 lb
Scale Remover 9F	8,910 lb
Stage Cleaner 247	7,480 lb
ELPO operation	
E6214 (resin)	30,605 gal
E6286A (pigment)	3,607 gal
E6243 Lactic Acid	151 gal
MZD40940 (corrosive)	1,100 lb
MZD 7330 (biocide)	19,536 lb
Soaps	
Chemkleen 231 PL	54,782 lb
Chemkleen 314 RA	58,495 lb
Wastewater Treatment Plant	
Flocculent – WWT9302	56 gal
Coagulant – WWT9605	842 gal
Caustic – Sodium hydroxide	9,016 gal
Detackification	
Detack – BCTL 2010	10,609gal

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

~~GENERAL INFORMATION:~~

~~**F.1. Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?~~

~~☐ Yes ☐ No~~

~~**F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.~~

~~a. Number of non-categorical SIUs. _____~~

~~b. Number of CIUs. _____~~

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Hill's Pet Nutrition

Mailing Address: 151 Turner Court

Bowling Green, Kentucky 42101

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Manufacturing of pet food.

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Pet food

Raw material(s): Raw grain, animal fat, soy oil, meat blend / emulsified meat

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

40,000 gpd ☒ continuous or ☐ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

16,726 gpd ☒ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☒ No

If subject to categorical pretreatment standards, which category and subcategory?

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F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No If yes, describe each episode.

~~RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:~~

~~F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)~~

~~F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):~~

~~☐ Truck ☐ Rail ☐ Dedicated Pipe~~

~~F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).~~

~~EPA Hazardous Waste Number~~	~~Amount~~	~~Units~~

~~CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:~~

~~F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?~~

~~☐ Yes (complete F.13 through F.15.) ☒ No~~

~~Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.~~

~~F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).~~

~~F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).~~

~~F.15. **Waste Treatment.**~~

~~a. Is this waste treated (or will it be treated) prior to entering the treatment works?~~

~~☐ Yes ☐ No~~

~~If yes, describe the treatment (provide information about the removal efficiency):~~

~~b. Is the discharge (or will the discharge be) continuous or intermittent?~~

~~☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.~~

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

~~GENERAL INFORMATION:~~

~~**F.1. Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?~~

~~☐ Yes ☐ No~~

~~**F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.~~

~~a. Number of non-categorical SIUs. _____~~

~~b. Number of CIUs. _____~~

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Holley Performance

Mailing Address: 1801 Russellville Road

Bowling Green, Kentucky 42101

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Plating and cutting

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Automotive fuel systems and components

Raw material(s): Steel, zinc, copper, brass, aluminum and plastics

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

60,000 gpd ☒ continuous or ☐ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

2,200 gpd ☒ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☒ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR Part 433 – Metal Finishing Point Source Category; Subpart A – Metal Finishing Subcategory; §433.15 - PSES

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No If yes, describe each episode.

~~RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:~~

~~F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)~~

~~F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):~~

~~☐ Truck ☐ Rail ☐ Dedicated Pipe~~

~~F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).~~

~~EPA Hazardous Waste Number~~	~~Amount~~	~~Units~~

~~CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:~~

~~F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?~~

~~☐ Yes (complete F.13 through F.15.) ☒ No~~

~~Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.~~

~~F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).~~

~~F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).~~

~~F.15. **Waste Treatment.**~~

~~a. Is this waste treated (or will it be treated) prior to entering the treatment works?~~

~~☐ Yes ☐ No~~

~~If yes, describe the treatment (provide information about the removal efficiency):~~

~~b. Is the discharge (or will the discharge be) continuous or intermittent?~~

~~☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.~~

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

~~**F.1. Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?~~

~~☐ Yes ☐ No~~

~~**F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.~~

~~a. Number of non-categorical SIUs. _____~~

~~b. Number of CIUs. _____~~

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Huish Detergents, Inc.

Mailing Address: 385 South Wood Court

Bowling Green, Kentucky 42101

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Manufacturing of powder and liquid laundry detergent; liquid dish detergent; automatic dish gel; and fabric softener

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Powder and liquid laundry detergent; liquid dish detergent; automatic dish gel; fabric softener

Raw material(s): *See attachment labeled Section C – Facility Operational Characteristics*

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

780 gpd ☐ continuous or ☒ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

20,000 gpd ☒ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☒ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?
40 CFR Part 417 – Soap and Detergent Manufacturing Point Source Category; Subpart O – Manufacturer of Spray Dried Detergents Subcategory; Subpart P – Manufacturer of Liquid Detergents Subcategory; and Subpart Q – Manufacturer of Detergents by Dry Blending Subcategory

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No If yes, describe each episode.

~~RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:~~

~~F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)~~

~~F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):~~

~~☐ Truck ☐ Rail ☐ Dedicated Pipe~~

~~F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).~~

~~EPA Hazardous Waste Number~~	~~Amount~~	~~Units~~

~~CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:~~

~~F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?~~

~~☐ Yes (complete F.13 through F.15.) ☒ No~~

~~Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.~~

~~F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).~~

~~F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).~~

~~F.15. **Waste Treatment.**~~

~~a. Is this waste treated (or will it be treated) prior to entering the treatment works?~~

~~☐ Yes ☐ No~~

~~If yes, describe the treatment (provide information about the removal efficiency):~~

~~b. Is the discharge (or will the discharge be) continuous or intermittent?~~

~~☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.~~

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

Huish Detergents, Inc.

Section C - Facillity Operational Characteristics

1 Raw Materials:

Type	Quantity
Silicate	Bulk
Sulfate	Bulk
Soda 100	Bulk
Soda 260	Bulk
Salt	Bulk
Acusol 445N	Bulk
Caustic	Bulk
Ethanol	Bulk
STPP	Bulk
Agent 2710-51	Bulk
Ammonyx	Bulk
Sulfonic	Bulk
MEE	Bulk
Citric Acid	non-Bulk
Borax	non-Bulk
Calcium Chloride	non-Bulk
Doucil 75	non-Bulk
Kathon CGICP	non-Bulk
Sodium Gluconate	non-Bulk
Uvinul MS40	non-Bulk
Salt bags	non-Bulk
Savinase 6.0	non-Bulk
Sulfuric Acid	non-Bulk
Sequest 100	non-Bulk
Salt Pellets	non-Bulk
STS	non-Bulk
Mag Chloride	non-Bulk
Sodium Metabisulfite	non-Bulk
Carbopal 676	non-Bulk
Peg 8000	non-Bulk
Oxyrite 100	non-Bulk
Doucil QK20	non-Bulk
Acusol 305 OP	non-Bulk
Urea SS	non-Bulk
Ciba Fast	non-Bulk
Urea bags	non-Bulk
Optiblanc 2m/g	non-Bulk
Triclosan	non-Bulk
Huishzyme	non-Bulk
Trans 414	non-Bulk
Blue Specks	non-Bulk
Armeen APA C	non-Bulk
Acusol 882	non-Bulk
Tinopal SNH-X	non-Bulk
Acusol 460	non-Bulk
Savinase Ultra	non-Bulk
Plantopan	non-Bulk

Alcalase	non-Bulk
Stainzyme	non-Bulk
Y-14865 Defoamer	non-Bulk
TegoSorb	non-Bulk
Trans 10	non-Bulk
Endolase	non-Bulk
SXS	non-Bulk
Mag Sulfite	non-Bulk
Canguard	non-Bulk
Alcosperse 747	non-Bulk
TEA 99	non-Bulk
Calfoam SLS	non-Bulk
Puradex	non-Bulk

2 **Principal Products:**

Type	Quantity
Fabric Softener	10 million lbs./month
Bleach	3.4 tons/month

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

~~GENERAL INFORMATION:~~

~~**F.1. Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?~~

~~☐ Yes ☐ No~~

~~**F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.~~

~~a. Number of non-categorical SIUs. _____~~

~~b. Number of CIUs. _____~~

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: KOBE Aluminum

Mailing Address: 525 Central Court

Bowling Green, Kentucky 42101

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Aluminum forming

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Automotive suspension parts

Raw material(s): 90% pure aluminum, 10% alloys (silicon, copper, magnesium, titanium, baron, iron, manganese, chromium and zirconium)

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

80,000 gpd ☐ continuous or ☒ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

72,000 gpd ☒ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☒ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR Part 467 – Aluminum Forming Point Source Category; Subpart F – Drawing with Emulsions or Soaps Subcategory

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No If yes, describe each episode.

~~RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:~~

~~F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)~~

~~F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):~~

~~☐ Truck ☐ Rail ☐ Dedicated Pipe~~

~~F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).~~

~~EPA Hazardous Waste Number~~	~~Amount~~	~~Units~~

~~CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:~~

~~F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?~~

~~☐ Yes (complete F.13 through F.15.) ☒ No~~

~~Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.~~

~~F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).~~

~~F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).~~

~~F.15. Waste Treatment.~~

~~a. Is this waste treated (or will it be treated) prior to entering the treatment works?~~

~~☐ Yes ☐ No~~

~~If yes, describe the treatment (provide information about the removal efficiency):~~

~~b. Is the discharge (or will the discharge be) continuous or intermittent?~~

~~☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.~~

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

~~GENERAL INFORMATION:~~

~~**F.1. Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?~~

~~☐ Yes ☐ No~~

~~**F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.~~

~~a. Number of non-categorical SIUs. _____~~

~~b. Number of CIUs. _____~~

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Lord Corporation

Mailing Address: 2800 Pioneer Drive

Bowling Green, Kentucky 42102

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Zinc phosphate and chromate conversion coating

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Rubber bandings on metal parts

Raw material(s): Rubber and elastomer; chemical adhesives; metal parts

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

14,500 gpd ☒ continuous or ☐ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

9,500 gpd ☒ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☒ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR Part 433 – Metal Finishing Point Source Category; Subpart A – Metal Finishing Subcategory; §433.15 - PSES

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No If yes, describe each episode.

~~RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:~~

~~F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)~~

~~F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):~~

~~☐ Truck ☐ Rail ☐ Dedicated Pipe~~

~~F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).~~

~~EPA Hazardous Waste Number~~	~~Amount~~	~~Units~~

~~CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:~~

~~F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?~~

~~☐ Yes (complete F.13 through F.15.) ☒ No~~

~~Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.~~

~~F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).~~

~~F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).~~

~~F.15. Waste Treatment.~~

~~a. Is this waste treated (or will it be treated) prior to entering the treatment works?~~

~~☐ Yes ☐ No~~

~~If yes, describe the treatment (provide information about the removal efficiency):~~

~~b. Is the discharge (or will the discharge be) continuous or intermittent?~~

~~☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.~~

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

~~GENERAL INFORMATION:~~

~~F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?~~

~~☐ Yes ☐ No~~

~~F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.~~

~~a. Number of non-categorical SIUs. _____~~

~~b. Number of CIUs. _____~~

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: NASCO/NHK

Mailing Address: 3251 Nashville Road

Bowling Green, Kentucky 42101

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Zinc phosphate coating of auto springs and truck lid tension bars

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Automotive suspension springs and truck lid torsion bars

Raw material(s): Steel, powder epoxy paint, e-coat paint and rust inhibitors

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

37,000 gpd ☒ continuous or ☐ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

2,000 gpd ☒ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☒ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR Part 433 – Metal Finishing Point Source Category; Subpart A – Metal Finishing Subcategory; §433.17 - PSNS

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No If yes, describe each episode.

~~**RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:**~~

~~**F.9. RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)~~

~~**F.10. Waste Transport.** Method by which RCRA waste is received (check all that apply):~~

~~☐ Truck ☐ Rail ☐ Dedicated Pipe~~

~~**F.11. Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).~~

~~EPA Hazardous Waste Number~~	~~Amount~~	~~Units~~

~~**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:**~~

~~**F.12. Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?~~

~~☐ Yes (complete F.13 through F.15.) ☒ No~~

~~Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.~~

~~**F.13. Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).~~

~~**F.14. Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).~~

~~**F.15. Waste Treatment.**~~

~~a. Is this waste treated (or will it be treated) prior to entering the treatment works?~~

~~☐ Yes ☐ No~~

~~If yes, describe the treatment (provide information about the removal efficiency):~~

~~b. Is the discharge (or will the discharge be) continuous or intermittent?~~

~~☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.~~

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

~~GENERAL INFORMATION:~~

~~**F.1. Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?~~

~~☐ Yes ☐ No~~

~~**F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.~~

~~a. Number of non-categorical SIUs.~~ _____

~~b. Number of CIUs.~~ _____

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: RC Components

Mailing Address: 373 Mitch McConnell

Bowling Green, Kentucky 42102

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Chromium electroplating and decorative chromium plating of custom motorcycle wheels and accessories

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Motorcycle wheels and accessories

Raw material(s): Aluminum, chromium and nickel

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

8,900 gpd ☐ continuous or ☒ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

5,000 gpd ☒ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☒ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR Part 433 – Metal Finishing Point Source Category; Subpart A – Metal Finishing Subcategory; §433.17 - PSNS

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☒ Yes ☐ No If yes, describe each episode.

Pass through of copper experienced in January 2006. Industry no longer uses copper.

~~RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:~~

~~**F.9. RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)~~

~~**F.10. Waste Transport.** Method by which RCRA waste is received (check all that apply):~~

~~☐ Truck ☐ Rail ☐ Dedicated Pipe~~

~~**F.11. Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).~~

~~EPA Hazardous Waste Number~~	~~Amount~~	~~Units~~

~~CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:~~

~~**F.12. Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?~~

~~☐ Yes (complete F.13 through F.15.) ☒ No~~

~~Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.~~

~~**F.13. Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).~~

~~**F.14. Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).~~

~~**F.15. Waste Treatment.**~~

~~a. Is this waste treated (or will it be treated) prior to entering the treatment works?~~

~~☐ Yes ☐ No~~

~~If yes, describe the treatment (provide information about the removal efficiency):~~

~~b. Is the discharge (or will the discharge be) continuous or intermittent?~~

~~☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.~~

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

~~GENERAL INFORMATION:~~

~~**F.1. Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?~~

~~☐ Yes ☐ No~~

~~**F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.~~

~~a. Number of non-categorical SIUs.~~ _____

~~b. Number of CIUs.~~ _____

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: SCA Hygiene Products

Mailing Address: 7030 Louisville Road

Bowling Green, Kentucky 42102

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Manufacturing of adult incontinent pads and briefs

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Adult incontinent pads and briefs

Raw material(s): Cellulose pulp, adhesives, sodium poly & crylete (SAP), non-woven fabrics, elastic bonding, polyethylene sheeting

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

4,500 gpd ☒ continuous or ☐ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

3,000 gpd ☒ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☒ No

If subject to categorical pretreatment standards, which category and subcategory?

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F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No If yes, describe each episode.

~~RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:~~

~~F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)~~

~~F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):~~

~~☐ Truck ☐ Rail ☐ Dedicated Pipe~~

~~F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).~~

~~EPA Hazardous Waste Number~~	~~Amount~~	~~Units~~

~~CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:~~

~~F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?~~

~~☐ Yes (complete F.13 through F.15.) ☒ No~~

~~Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.~~

~~F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).~~

~~F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).~~

~~F.15. **Waste Treatment.**~~

~~a. Is this waste treated (or will it be treated) prior to entering the treatment works?~~

~~☐ Yes ☐ No~~

~~If yes, describe the treatment (provide information about the removal efficiency):~~

~~b. Is the discharge (or will the discharge be) continuous or intermittent?~~

~~☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.~~

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

~~GENERAL INFORMATION:~~

~~**F.1. Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?~~

~~☐ Yes ☐ No~~

~~**F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.~~

~~a. Number of non-categorical SIUs. _____~~

~~b. Number of CIUs. _____~~

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Spirit Services

Mailing Address: 930 Gordon Avenue

Bowling Green, Kentucky 42101

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Industrial laundering of uniforms, overalls, gloves, mats, dust mops, linens and towels

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Industrial cleaning and drying of uniforms, overalls, gloves, mats, dust mops, linens and towels

Raw material(s): Detergents, bleach, water, soiled products

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

90,000 gpd ☐ continuous or ☒ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

2,100 gpd ☒ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☒ No

If subject to categorical pretreatment standards, which category and subcategory?

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F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No If yes, describe each episode.

~~RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:~~

~~F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)~~

~~F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):~~

~~☐ Truck ☐ Rail ☐ Dedicated Pipe~~

~~F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).~~

~~EPA Hazardous Waste Number~~	~~Amount~~	~~Units~~

~~CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:~~

~~F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?~~

~~☐ Yes (complete F.13 through F.15.) ☒ No~~

~~Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.~~

~~F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).~~

~~F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).~~

~~F.15. Waste Treatment.~~

~~a. Is this waste treated (or will it be treated) prior to entering the treatment works?~~

~~☐ Yes ☐ No~~

~~If yes, describe the treatment (provide information about the removal efficiency):~~

~~b. Is the discharge (or will the discharge be) continuous or intermittent?~~

~~☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.~~

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

~~**F.1. Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?~~

~~☐ Yes ☐ No~~

~~**F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.~~

~~a. Number of non-categorical SIUs. _____~~

~~b. Number of CIUs. _____~~

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Siegel-Robert of Kentucky

Mailing Address: 350 Scotty's Way

Bowling Green, Kentucky 42101

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Plastic injection molding, surface coating, and electroplating of plastic automotive and appliance parts

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Molded, surface coated and electroplated plastic parts

Raw material(s): Molding pellets including ABS and PCABS, chrome, copper and nickel

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

79,000 gpd ☒ continuous or ☐ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

8,700 gpd ☒ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☒ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR Part 433 – Metal Finishing Point Source Category; Subpart A – Metal Finishing Subcategory; §433.17 - PSNS

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No If yes, describe each episode.

Contribution of chromium, copper and nickel to biosolids. No violations occurred.

~~RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:~~

~~F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)~~

~~F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):~~

~~☐ Truck ☐ Rail ☐ Dedicated Pipe~~

~~F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).~~

~~EPA Hazardous Waste Number~~	~~Amount~~	~~Units~~

~~CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:~~

~~F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?~~

~~☐ Yes (complete F.13 through F.15.) ☒ No~~

~~Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.~~

~~F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).~~

~~F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).~~

~~F.15. **Waste Treatment.**~~

~~a. Is this waste treated (or will it be treated) prior to entering the treatment works?~~

~~☐ Yes ☐ No~~

~~If yes, describe the treatment (provide information about the removal efficiency):~~

~~b. Is the discharge (or will the discharge be) continuous or intermittent?~~

~~☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.~~

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

~~GENERAL INFORMATION:~~

~~**F.1. Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?~~

~~☐ Yes ☐ No~~

~~**F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.~~

~~a. Number of non-categorical SIUs. _____~~

~~b. Number of CIUs. _____~~

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Stoody Company

Mailing Address: 5557 Nashville Road

Bowling Green, Kentucky 42101

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Manufacturing of welding rods and stick electrodes

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Welding rods, stick electrodes

Raw material(s): Strip steel, flux (metal and mineral powders), solid wire

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

146 gpd ☐ continuous or ☒ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

1,615 gpd ☒ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☒ No

If subject to categorical pretreatment standards, which category and subcategory?

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F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No If yes, describe each episode.

~~**RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:**~~

~~**F.9. RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)~~

~~**F.10. Waste Transport.** Method by which RCRA waste is received (check all that apply):~~

~~☐ Truck ☐ Rail ☐ Dedicated Pipe~~

~~**F.11. Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).~~

~~EPA Hazardous Waste Number~~	~~Amount~~	~~Units~~

~~**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:**~~

~~**F.12. Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?~~

~~☐ Yes (complete F.13 through F.15.) ☒ No~~

~~Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.~~

~~**F.13. Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).~~

~~**F.14. Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).~~

~~**F.15. Waste Treatment.**~~

~~a. Is this waste treated (or will it be treated) prior to entering the treatment works?~~

~~☐ Yes ☐ No~~

~~If yes, describe the treatment (provide information about the removal efficiency):~~

~~b. Is the discharge (or will the discharge be) continuous or intermittent?~~

~~☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.~~

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

~~GENERAL INFORMATION:~~

~~**F.1. Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?~~

~~☐ Yes ☐ No~~

~~**F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.~~

~~a. Number of non-categorical SIUs. _____~~

~~b. Number of CIUs. _____~~

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: U.S. Corregated

Mailing Address: 225 Mitch McConnell Way

Bowling Green, Kentucky 42102

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Production of corrugated container board

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Corregated cardboard boxes

Raw material(s): Paper stock, corn starch, liquid sodium hydroxide, water based inks, boiler chemicals, and Bechart chemicals

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

5,600 gpd ☐ continuous or ☒ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

5,600 gpd ☒ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☒ No

If subject to categorical pretreatment standards, which category and subcategory?

--

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No If yes, describe each episode.

~~**RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:**~~

~~**F.9. RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)~~

~~**F.10. Waste Transport.** Method by which RCRA waste is received (check all that apply):~~

~~☐ Truck ☐ Rail ☐ Dedicated Pipe~~

~~**F.11. Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).~~

~~EPA Hazardous Waste Number~~	~~Amount~~	~~Units~~

~~**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:**~~

~~**F.12. Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?~~

~~☐ Yes (complete F.13 through F.15.) ☒ No~~

~~Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.~~

~~**F.13. Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).~~

~~**F.14. Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).~~

~~**F.15. Waste Treatment.**~~

~~a. Is this waste treated (or will it be treated) prior to entering the treatment works?~~

~~☐ Yes ☐ No~~

~~If yes, describe the treatment (provide information about the removal efficiency):~~

~~b. Is the discharge (or will the discharge be) continuous or intermittent?~~

~~☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.~~

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

~~**F.1. Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?~~

~~☐ Yes ☐ No~~

~~**F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.~~

~~a. Number of non-categorical SIUs. _____~~

~~b. Number of CIUs. _____~~

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Western Kentucky University

Mailing Address: 1906 College Heights Blvd. # 11046

Bowling Green, Kentucky 42101-1046

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Chemical labs, biology labs and meal preparation

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Laboratory training, meals, boiler blowdown, and cooling tower blowdown

Raw material(s): Labs: Various chemicals, cleaning agents, water
Meal Preparation: cooking products, water, food safe detergents for equipment clean-up

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

0 gpd ☐ continuous or ☐ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

300,000 gpd ☒ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☒ No

If subject to categorical pretreatment standards, which category and subcategory?

--

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No If yes, describe each episode.

~~**RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:**~~

~~**F.9. RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)~~

~~**F.10. Waste Transport.** Method by which RCRA waste is received (check all that apply):~~

~~☐ Truck ☐ Rail ☐ Dedicated Pipe~~

~~**F.11. Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).~~

~~EPA Hazardous Waste Number~~	~~Amount~~	~~Units~~

~~**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:**~~

~~**F.12. Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?~~

~~☐ Yes (complete F.13 through F.15.) ☒ No~~

~~Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.~~

~~**F.13. Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).~~

~~**F.14. Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).~~

~~**F.15. Waste Treatment.**~~

~~a. Is this waste treated (or will it be treated) prior to entering the treatment works?~~

~~☐ Yes ☐ No~~

~~If yes, describe the treatment (provide information about the removal efficiency):~~

~~b. Is the discharge (or will the discharge be) continuous or intermittent?~~

~~☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.~~

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS - (NOT APPLICABLE)

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number _____

b. Location _____
(City or town, if applicable) (Zip Code)

_____
(County) (State)

_____
(Latitude) (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Which of the following were monitored during the last year for this CSO?

☐ Rainfall ☐ CSO pollutant concentrations ☐ CSO frequency
☐ CSO flow volume ☐ Receiving water quality

f. How many storm events were monitored during the last year? _____

G.4. CSO Events.

a. Give the number of CSO events in the last year.
_____ events (☐ actual or ☐ approx.)

b. Give the average duration per CSO event.
_____ hours (☐ actual or ☐ approx.)

c. Give the average volume per CSO event.

_____ million gallons (☐ actual or ☐ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: _____

b. Name of watershed/river/stream system: _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

_____

_____

END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

Additional information, if provided, will appear on the following pages.